

SUNY Delhi Student ID									
8	0	0							

## 2023-2024 Request for Independent Status

In order to process your 2023-2024 Free Application for Federal Student Aid (FAFSA) with an independent status, we are required to collect information regarding your request. Please check the category below that applies to you, sign the form, and attach any of the acceptable types of documentation listed for that category. **Submit all documents as soon as possible to the Student Financial Services Office to avoid processing delays.**

### SECTION 1 – STUDENT INFORMATION

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Please note that federal guidelines regarding dependency overrides clearly indicate that the following situations do not qualify as extenuating circumstances and therefore would not result in a dependency override:

- Parent(s) refusing to contribute to the student's education
- Parent(s) are unwilling to provide information on the FAFSA or for verification
- Parent(s) not claiming the students as a dependent for income tax purposes
- Student demonstrates total self-sufficiency
- Student does not live with their parent(s)

### SECTION 2 – RETURNING STUDENTS ONLY

- I was granted independent status for the 2022-2023 academic year at SUNY Delhi
- My living situation has not changed and I am again requesting independent status for the 2023-2024 academic year

*If you checked both of the boxes above, please skip to section 5 to sign and date the certification.*

### SECTION 3 – LETTER OF EXPLANATION

Please provide a signed statement explaining your living situation and why you are requesting to be independent for financial aid purposes. Please include all relevant details including names, dates, and places. Also include where and with whom you are currently residing and how you are being supported.

**SECTION 4 – REASONS FOR OVERRIDE REQUEST (REQUIRED)**

Please check the reason(s) below that applies and submit all required documentation:

**Orphan, Ward of the Court, or Foster Care:**

<input type="checkbox"/>	I am an orphan, both of my parents are deceased.	Copy of your birth certificate, along with copies of both parents' death certificates and/or obituaries.
<input type="checkbox"/>	At the age of 13 or older, I was in foster care or was taken from my parents by the state and am considered a ward of the court.	Copies of appropriate court decree or official letter from social worker.

**Legal Guardianship:**

<input type="checkbox"/>	As of the date I filed the FAFSA, I am or was in a legal guardianship (whereby a guardian was appointed for me by the court) before reaching the age of majority in my state of legal residence. <i>*For custody situations, please refer to Other Special Considerations</i>	Copy of the court decision in your case.
--------------------------	--	--

**Homeless or Unaccompanied Youth:**

<input type="checkbox"/>	I am determined to be an unaccompanied youth who is homeless or self-supporting and at risk of being homeless on or after July 1, 2023.	Copy of letter on official letterhead from your high school, emergency shelter program or director of a runaway or homeless youth center or program.
--------------------------	---	--

**Emancipated Minor: \*\* NOT A LEGAL STATUS IN NEW YORK STATE \*\***

<input type="checkbox"/>	You must meet one of the other above mentioned statuses on this form in order to be considered independent for federal financial aid.	
--------------------------	---	--

**Other Special Consideration:**

<input type="checkbox"/>	I have an extenuating or unusual circumstance that is not included above. Examples may include: abusive home situations, abandonment, parental drug or alcohol abuse, mental incapacity, or another such situation beyond your control.	Two or more signed statements from adult professionals who are not family members, which verify your family circumstances. <i>*For custody please provide copy of court decision as well</i>
--------------------------	---	---

**SECTION 5 – CERTIFICATION**

I certify that the information submitted is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines, and/or imprisonment in this and/or future years. **Electronic signatures are NOT acceptable.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_